

City of St. Charles
Right of Way Usage Permit

Permit No. _____

Date: _____

Placement type:

Dumpster ☐

Scaffolding ☐

Rock, Soil, etc. ☐

*Owner Name: _____

Owner Address: _____

Owner Phone: _____

Company Name: _____

-93

Contact Name: _____

Office Phone: _____ Mobile Phone: _____

Location: _____

Dumpster or Material Size: _____

Date of Placement: _____ Date of Removal: _____

Comments: _____

*** Owner is required to provide two (2) type 2 lighted barricades which are to be placed at each end of the dumpster while located on City right of way.**

Hold Harmless Agreement attached to permit: ☐

Owner/Agent Signature

Issued By

Printed Name

Copies to: Senior Traffic Project Manager
City Engineer
Police Chief
Fire Chief